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SERIAL NUMBER 10/618,525	FILING OR 371(c) DATE 07/11/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 20799.NP
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APPLICANTS

Shawn L. Archer, Salt Lake City, UT;
 Arthur D. Dyck, Draper, UT;
 Reed H. Grant, Salt Lake City, UT;
 Edwin K. Iversen, Salt Lake City, UT;
 Steve R. Kunz, Salt Lake City, UT;
 James R. Linder, West Jordan, UT;
 Harold H. Sears, Salt Lake City, UT;

**** CONTINUING DATA *******

This appln claims benefit of 60/395,718 07/12/2002 *DR 7-14-06*

**** FOREIGN APPLICATIONS ********None DR***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 10/09/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

20551

TITLE

Wrist device for use with a prosthetic limb

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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